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CONFIRMATION NO. 7152

SERIAL NUMBER 10/804,445	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 1042-003
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APPLICANTS

Allen Samuels, Ann Arbor, MI;

**** CONTINUING DATA *******

This appln claims benefit of 60/456,292 03/20/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 06/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

25215

TITLE

Hygiene station for individuals

FILING FEE RECEIVED 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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